

Blood-Stream Infection (CDC)

From: leann kennedy [talk@msn.com]
Sent: Saturday, November 07, 2009 6:34 PM
To: Blood-Stream Infection (CDC)
Subject: Comments on the CDC BSI draft

Hello,

As a Vascular Access Nurse constantly looking for guidelines, especially CDC based, I appreciate the update that is so desperately needed. I would like to make a few comments:

- I did not notice this draft recommending using the least amount of lumens required for central lines--has that changed?
- Although reference was made to not using lines that have clotted off, is there going to be a specific reference to de-clot a lumen should it be clotted? Also, what if the lumen flushes, but has no blood return? As many of us can tell you, a fibrin sheath partially occluding a lumen to a line only increases thrombosis risk as well as placing a patient at risk for phlebitis and possible infiltration.
- Finally, is there any recommendation for tip location for central lines? So many of our physicians feel it is acceptable for innominate vein, contra-lateral subclavian vein, upper SVC placement, despite evidence proving otherwise. Lower SVC, preferably at the Cavo-Atrial junction is what so many disciplines suggest, yet no one will take a stand. If we know that higher placement increases thrombosis risk, vein perforation risk, etc, why can no one (especially the CDC) make a recommendation?

Thank you for taking the time to read my comments.

Sincerely,

Leann Kennedy, R.N., B.S.N., CRNI

Vascular Access Coordinator

Bay Area Hospital

Practicing Registered Nurse for 20 years

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